

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040258

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

FILED OCT 20 1962

Primary Registration District No.

1003

Registrar's No.

10110

VS 300
Rev. 4/59

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2 224

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>2835 S OSAGE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELLA L. GRAY</u>		4. DATE OF DEATH Month Day Year <u>OCT 21 1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 11, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>OFFICE CLEANER</u>		11. BIRTHPLACE (City and state or country) <u>Mo</u>	
13a. FATHER'S NAME <u>LOUIS FRESCH</u>		14. NAME OF HUSBAND OR WIFE <u>William GRAY (Dec'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Nellie Kolb</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-7-62</u> <u>1959</u> <u>260x</u> <u>1959</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>9-13-51</u> to <u>10-21-62</u> and last saw her/him alive on <u>10-21-62</u> Death occurred at <u>10 55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Eugene H. Godelle M.D.</u>		22b. ADDRESS <u>4971 Chippewa St.</u>	
22c. DATE SIGNED <u>10-22-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT 24, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEW Cem.</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS Mo</u>
24. FUNERAL DIRECTOR <u>Thomas Butis</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 22 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Robert Smith, M.D.</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

Mr. Elite
11971 Cliffburn
~~FL~~
FL 2-3770
12-3 Memphis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Za. Humphrey

Licensed Embalmer No. _____

4772

P. O. Address _____

2906 Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.